Combined Declaration For Patent Application and Power of Attorney								ATTORNEY DOCKET 87009RLW				
As below named inventor, I hereby declare My residence, post office address and citizenship are as I believe I am the original, first and sole inventor (if below) of the subject matter which is claimed and for v	that: s stated below next only one name is which a patent is so	to m liste ught	y name, d below) or an original, firs on the invention entitled:	at and joint	inventor	r (if plural n	ames ar	re listed				
TOOTH LOCATING WITHIN DENTAL IMAGES												
The specification of which (check only one item below	<u>'):</u>											
X is attached hereto.												
was filed as United States Application Serial No. on and												
was amended on (if applicable).												
was filed as PCT international application Number on and was amended on (if applicable).												
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment												
referred to above. I acknowledge the duty to disclose to the U.S. Patent	& Trademark Offi	ice al	l information known to me t	to be mater	rial to pat	tentability as	defined	l in Title				
37, Code of Federal Regulations, §1.56.I hereby claim foreign priority benefits under Title 3.												
C (265 (a) of any DCT international applic	eation(s) which des	signa	tes at least one country other	r than the c	mileu su	ates of Amer	ica, nsc	ou ocion				
and have also identified below any foreign application	ons(s) for patent or	r inve	entor's certificate or any PC	i mtematic	лап аррі	ication(s) de	oigimui.	ig a reast				
one country other than the United States of America	filed by me on the	same	subject matter having a filli	ng date bei	ore mai c	of the applica	ition(s)	OI WINOII				
priority is claimed: PRIOR FOREIGN/PCT APPLICATION(S) AND	ANY PRIORITY	CLA	IMS UNDER 35 U.S.C. 11	9:								
COUNTRY (# PCT, indicate PCT)	ICATION NUMBER		DATE OF FILING (month/dayyear)			PRIORITY CLAIMED U	NDER 35 US	C §119 NO				
						YES		NO				
						YES		NO NO				
					L	<u> </u>		_				
I hereby claim the benefit under Title 35, United Stat	es Code, 119 §(e)	of an	y United States provisional	application	(s) listed	below:						
PRIOR PROVISIONAL APPLICATION(S) AND												
PROVISIONAL APPLICATION NUMBER				FILING DATE (m	onth/day/year)							
		<u> </u>					tion(a)	decignating				
I hereby claim the benefit under Title 35, United Stathe United States of America that is/are listed below prior applications(s) in the manner provided by the Office all information known to me to be material between the filing date of the prior application(s) and	first paragraph of	Title s def	35, §112, I acknowledge the	e duty to dederal Reg	lisclose t ulations	o the U.S. P	atent &	Trademark				
PRIOR US APPLICATIONS OR PCT INTERNA 35USC§120:	ATIONAL APPLI	CAT	IONS DESIGNATING TH	E U.S FO	R BENE	FIT UNDER	³ ——					
U.S. APPLI	CATIONS				S ⁻	TATUS (Check	one)					
U.S. APPLICATION NUMBER		U.S. FILING DATE		PATEN	TED	PENDING		BANDONED				
								<u> </u>				
PCT APPLICATIONS D												
PCT APPLICATION NO. PCT FILI	IG DATE U.S. SERIAL NUMBERS ASSIGNED (if any)											

Con	bined Deck	aration For Patent Application a	ATTORNEY DOCKET 87009RLW						
PO ago	WER O	FATTORNEY: As a n	amed i	inventor, I hereby appoint Company <u>Customer No</u> in the Patent and Tradem	the attorney(s) and/or . 01333 to prosecute				
Ser	d Correspo	ndence to:	Direct Telephone Calls to: (name and telephone number)						
Patent Legal Staff Eastman Kodak Company					Robert Luke Walker				
343 State Street					(585) 588-2739				
Rochester, NY 14650-2201					FAX: (585) 477-1148				
2	FULL NAME OF INVENTOR	FAMILY NAME	Ī	FIRST GIVEN NAME Jiebo	SECOND GIVEN NAME				
1	RESIDENCE &	CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP People's Republic of China				
°	CITIZENSHIP	Pittsford BUSINESS ADDRESS		New York 14534 USA	STATE & ZIP CODE (COUNTRY)				
1				343 State, Street Rochester	New York 14650-2201				
	ELIT L NAME OF	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN NAME				
2	FULL NAME OF INVENTOR	Bolin		Mark STATE OR FOREIGN COUNTRY	R. COUNTRY OF CITIZENSHIP				
٥	RESIDENCE & CITIZENSHIP	Fairport		New York 14450	USA STATE & ZIP CODE (COUNTRY)				
2	BUSINESS ADDRESS	BUSINESS ADDRESS Eastman Kodak Company		343 State Street, Rochester	New York 14450 USA SECOND GIVEN NAME				
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME					
	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP				
3	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP CODE (COUNTRY)				
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN NAME				
۰	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP				
4	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP CODE (COUNTRY)				
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN NAME				
	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP				
5	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP CODE (COUNTRY)				
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN NAME				
	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP				
6	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP CODE (COUNTRY)				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
			SIGNATUR	RE OF INVENTOR 202	SIGNATURE OF INVENTOR 203				
July Step Ma			M	W Beli					
DATE 12/9/203 12		1.1	DATE						
_			/ 9 / 2 0 0 3 RE OF INVENTOR 205	SIGNATURE OF INVENTOR 206					
s	IGNATURE UF	NATERION 204	2.2						
	DATE			DATE					